

EMPLOYER'S RECONCILIATION TAX RETURN

use this form for 2015 and beyond

TAX YEAR:		FID#:		
ACCOUNT NO:				
NAME:				
ADDRESS:				
CITY:		ST:	ZIP:	
CONTACT PERSON:		PHONE NUMBI	ER:	
Total wages subject to the City Income Tax @ 1.0%: \$				
	FIRST QUARTER PAID:	April 30:	\$	
	SECOND QUARTER PAID:	July 31:	\$	
	THIRD QUARTER PAID:	October 31:	\$	
	FOURTH QUARTER PAID:	January 31:	\$	
	TOTAL PAID FOR THE YEAR:	\$		
EMPLOYEE W2's MUST ACCOMPANY THIS FORM				
	DI 1141	1.16		
Please mail this completed form to: City of Wyoming ~ 800 Oak Avenue ~ Wyoming, OH 45215 Phone: 513-821-9731 ~ Fax: 513-821-7962				
Signature		Da	ate	

Please note: This form is for City of Wyoming Income Tax only and is not to be used for Wyoming School Tax. The City of Wyoming does not collect or levy the City School taxes. For information, call the State of Ohio Department of Taxation at 1.800.282.1780 or call the Wyoming School Board office at 513.206.7000. The school tax is separate from the City of Wyoming income tax.